FOR STATE HEALTH DEPT DEPT.

TO BEPUTY MED EXAMINER. This certificate should be executed within 24 hours after death. If any delay cessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 is the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

2

VR AISME (5) 5M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02402 MEDICAL EXAMINER'S CERTIFICATE OF DEATH ()2359 12359

	1. PLACE OF DEATH 8. COUNTY HOWARD				2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STATE Maryland b. COUNTY Howard					
-	h CITY OR TO	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ellicott City								t town)
	Write RURA					licott			13-	1
-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)								e. IS RES	IDENCE ARM?
0	43 N. S	t. John's L	ane		43	N. St.	John's		YES 🗌	NO X
	3. NAME OF DECEASED		rst	Middle	Last	4. DATE OF	Mont		*	
	(Type or print)		OLA	ANNA	ADKINS	DEATH	Febru		9 19	
	5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	-	last birthday)	IF UNDER 1 YEA Months Days		Min.
3 1	Female	White	WIDOWED		2/7/12	74	yrs.		D OF WHAT	
4	10a. USUAL OCCUPA during most of wor	TION (Give kind of work king life, even if retire	done 10b. ł	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	n country)	12. CITIZE COUNTI	NOF WHAT	
	Waitres 13. FATHER'S NA			esturant	Wisc.					
	13. FATHER'S NA	ME			14. MOTHER'S MAI					
		Ebersold			Bertha	?	844-0			
1	15. WAS DECEASED (Yes, no, or unkown)	EVER IN U.S. ARMED FO	of service)		. INFORMANT	1	st. John			
	no		12:	20 07 5701 Wr	n. J. Adkins	Ellic	cott Cit		TERVAL BET	
	Conditions, if geve rise to cause (a),	steting the DUE	(e) ITTCI TO (b)	racerebral Hem	orrhage.			o,	NSET AND D	
	underlying cause last.) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOF PERFORME! YES NO								MED?	
4	20a. EXTERN PRIMARY O CAUSE OF DE	20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Pert II of Item 1B.) PRIMARY OF DEATH.								
	Hour e	INJURY Month, Day, .m. 19	While	fac	LACE OF INJURY (Home, tory, street, office bldg.,		City or town)	(County)	(5	State)
	21. I certify that I took charge of the remains described above, held an Autopsy x, Inspection , Inquiry , an death resulted from: Natural causes x, Accident , Suicide , Homicide , Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ACTUAL M.D. ASSISTANT MEDICAL EXAMINER 22.								nd in my 22. DATE: $2/20/6$	SIGNED
2	EXAMINER'S NAME (Type)	Charles S			Address (Stre	et, city, town,	or county)			
	23a. BURIAL, CRE REMOVAL (S burial	mation, 23b. Date pecify) 2/23/6	THEREOF	St. Johns		Ellic	cott Cit	town or county)		tate)
	24. FUNERAL DI	RECTOR		ADORESS		EC'D BY REGIS	TRAR 25b. I	REGISTRAR'S SI	0	
8	F.C. High	Inbothom	Elli	cott City, Md	. DATEE	B 24 1	966 /	liarles	Judge	-

162.53 ering per service in the service of Objection S. Paury, E.O. pelijesel a po

VR A15 (4) 15M 9/59

	DIVIS		EYLAND STATE D						
02403	DIVISI	OIT OF 3		TE OF DEATH		ARTEAND	02	260	y
PLACE OF DEATH	ward		MARYLAND	2. USUAL RESIDENCE (W. o. STATE	here deceased	lived. If institution b. COUNTY		imore	4
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ellicott City				c. CITY OR TOWN (IF	outside corpore		URAL and give no	arest town	2
d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION Oakland Nursing Home				d. STREET ADDRESS		3 Middle	River A		FARM?
NAME OF DECEASED (Type or print)	Fir BLA		Middle ALGER	Last	4. DATE OF DEATH	Mon Febra	m cuary 17	-,	Yeor 19 66
SEX Female	6. COLOR OR RACE White	7. MARRI	DIVORCED	B. DATE OF BIRTH March 10, 18		P. AGE (In years last birthday) 72 yrs.	Manths Days	R IF UNDE Hours	Min.
Storeke FATHER'S NAME	ing life, even if retired)		kind of Business of Indu	JSTRY 11. BIRTHPLACE, (Stone Virgini	a	untry)	USA	F WHAT C	OUNTRY?
	rank Major				Dearen				
	IN U. S. ARMED FOR			nformant Gertude Peter	's Sa	Addr ame	ress	Us	
1B. CAUSE OF DEATH [Enter only one couse or line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate couse (a), stoting the under- lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO, THE TERMINAL DISPASE CONDITION GIVEN IN PART 1(o) [19. WAS AUTOPSY]									
OR CONTRIBUTING	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port or Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)								
20c. TIME OF INJURY Hour a. m.	Month, Day, Yea	While	Not while fo	LACE OF INJURY (Hame, for actory, street, office bldg., e		ar tawn)	(County)	(State)
1	21. I certify that (I) (this hospital) attended the deceased from Jally 1965, to 2/1/21. I saw the degeased alive an 2/1/21. 1960 and that death accurred at 2/2/21. If from the causes and an the date stated above.								

	OR INSTITUTION	AL (If not in haspital, gi	ve street oddress)		d. STREET ADDRE	ESS			ON A FARM		
	Oakland Nursing Home			Rt. 15 Box 243 Middle River Aves							
	NAME OF DECEASED (Type or print)	Firs	Middle NOHE ALGER		Last	4. DATE OF DEATH	Mon Febr		y Yeor		
_	SEX		7. MARRIED NEVER MARRI	IED 🗆	B. DATE OF BIRTH	22777	9. AGE (In years	IF UNDER 1 YEAR			
	Female		WIDOWED DIVORCE	3.5	March 10.	1.893	last birthday) 72 yrs.	Manths Days	Hours Mi		
100	USUAL OCCUPATIO	N (Give kind of work d	lone 10b. KIND OF BUSINESS (OR INDUS	TRY 11. BIRTHPLACE	(State or foreign o	country)	12. CITIZEN O	F WHAT COUNT		
-	Storeke	ng life, even if retired)	Grocery		Virgi	nia		USA			
13.	FATHER'S NAME	-			14. MOTHER'S MAI						
	F	rank Major			Alice	Dearer	1				
	WAS DECEASED EVER		TES? 16. SOCIAL SECURITY NO). 17, IN	FORMANT		Add	ress			
1	No	yes, give wor or during or sai	None	C	ertude Pet	ers S	Same				
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY:										
	331 Conditions, if an		Cours	el c	adoni	soll	2021	Ì	1		
lying cause last. (c)								19. WAS AUTO			
FICATION	Set all like des i position PERFORMED?										
L CERTIFI											
MEDICAL	20c. TIME OF INJURY Hour a. m.	Month, Day, Yea	While Not while of work of work		ACE OF INJURY (Hame tary, street, office blds		y or town)	(Caunty)) (Si		
	21. I certify that	12/	attended the deceased	/	eath accurred at	1965, ta	the causes ar		hat (I) (we) e stated abo		
	220. SIGNATURE	Lesslin	an Mi	ax	ATTENDING PHYS.	MED. DIRECTOR	STAFF C	2/17/	66 SIG		
	22c. PHYSICIAN'S NAME (Type)	Christian	S. Maas, M.D.		22d. ADDRESS	BALTIMO	RE NAT L. PII	CITY, MD.	N'S LAND		
230	o. BURIAL, CREMATION REMOVAL (Specify)	2/12/66			R CREMATORY		timore Co	o. Md.	(State)		
24	FUNERAL DIRECTOR	STONATURE	ADORESS'		250	PEC'D BY REGIS	TRAR 25b. REGI	STRAR'S SIGNATU	JRE		
E	Bruzdzinski	Tuneral H	ome 1407 Easte:	rn Av	re. #21 of	ER SI	1966	Carles J	udge		
_											

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FOR STATE

TO DEPUTY: CLAL EXAMINER: This certificate should be executed within 24 hours after death. If any as is necessary, please execute me certificate, writing the word "pending" in pencil in Item 18. Give Pages 1. 2. and 3 to the function Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages and 2 with the State Board of Heelth, or its designated agent, prior to burial, cremation, or removel, and in any event within 72 hours after death.

VS. A1SME 5M 7/S9

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STAT	ISTICAL RESEARCH AND	RECORDS, 301 W. PRESTON	STREET, BALTIMORE 1	, MARYLAND
02404	MEDICAL EXAM	VINER'S CERTIFICATE	OF DEATH	02361
PLACE OF DEATH		2. USUAL RESIDENCE	(Whara dacaasad livad, If institutio	n: Rasidanca befora edm

	COUNTY					institution: Rasidanca befora edmission
		vard	MARYLAND	a. STATE Marylan	d b. coun	Howard
b. 0	b. CITY OR TOWN (if outside corporata limits, write RURAL and give nearest town)			c. CITY OR TOWN (If outside	a corporate limits, write	RURAL and give nearast town)
ru	-	lighland		rural - High	hland	13-1
			not in hospital, giva straat address)	d. STREET ADDRESS		e. IS RESIDENCE
		s Road		Brooks Ro	ad	ON A FARM? YES NO X
	RME OF CEASED	First	Middle	Lest 4. D.		Day Yaar
	pe or print)	Anna	Virginia		Febru	arv 17 19 66
5. SEX	K			B. DATE OF BIRTH	9. AGE (In years	
	male	white		March 3, 1902	63 yrs.	Months Days Hours Min.
		ON (Give kind of work rking life, even if ralired)	106. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Siele or forei	gn country)	12. CITIZEN OF WHAT COUNTRY
	ousewif		home	Virginia		U.S.A.
13. FA	THER'S NAME			14. MOTHER'S MAIDEN NAME		
0.1		0 0		1 '11	1 /	
15. W	Rolling to	ER IN U.S. ARMED FORCE	S? 16. SOCIAL SECURITY NO. 17.	INFORMANT	I'AN C	O X
	o, or unkown) (I	yas giva war or datas of serv	rica)			
-	no			orge E. Ashby	, Highlan	
18.			use par lina for (a), (b), and (c).]			INTERVAL BETWEEN ONSET AND DEATH
		H WAS CAUSED BY: IMMEDIATE CAUSE (a)	Coronary throm	bosis		instant
	4201	DUE TO	2			
Co	onditions, if any	, which) (b)				
ga	eve risa to immadi	ale causa				
), staling the un	ndarlying				
		SIGNIFICANT CONDITIO	ONS CONTRIBUTING TO DEATH BUT NO	OT BELATED TO THE TERMINAL DIS	FASE CONDITION CIV	EN IN DART 1(-) 10 WAS AUTORSY
	PART II. OTTER	SIGNIFICANT CONDING		TREE TO THE TERMINAL DIS	LASE COMPINON ON	PERFORMED?
5						YES NO K
PR	Da. EXTERNAL CARIMARY OF CO AUSE OF DEATH.		. DESCRIBE HOW INJURY OCCURED. (Enlar nature of injury In Part I or Pa	rt II of itam 18.)	
	De. TIME OF INJU	RY Month, Day, Year	2Dd. INJURY OCCURRED 2Da. PLA	ACE OF INJURY (Home, farm, 20f.	(City or town)	(County) (Stele)
Y 20	Hour a.m.			lory, streat, offica bldg., alc.)		(County) (Siele)
MEDICAL		19				(County) (Jiere)
	Hour a.m.	19	WhilaNot Whila fac	lory, streat, offica bldg., alc.)	ction 😿 , Inquir	
21	Hour a.m. p.m.	19	Whila Not Whila fac	ald an Autopsy , Inspec		y X. and in my opinion
21	Hour a.m. p.m.	19 at I took charge of	Whila Not Whila fac	ald an Autopsy , Inspec	ction , Inquir Undetermined m	y X. and in my opinion
21 de	Hour a.m. p.m.	at I took charge of toom: Natural caus	Whila Not Whila fac	eld an Autopsy, Inspective, Homicide,	ction , Inquir Undetermined m	y X. and in my opinion
21 de	Hour a.m. p.m. 1. I certify the eath resulted f	at I took charge of trom: Natural caus	the remains described above, he ses X. Accident . Suice	eld an Autopsy , Inspectide , Homicide , CHIEF MEDICAL EXAMIN ASSISTANT MEDICAL EXAMIN DEPUTY MEDICAL EXAM	ction , Inquir Undetermined m IER	y \(\) and in my opinion anner \(\) \(2-17-66 \) DATE SIGNED
21 de SI E2 N. 22a. BU	Hour a.m. p.m. 1. I certify the eath resulted for the certain the	at I took charge of rom: Natural caus Charles S. N. 22b. DATE THEREOF	the remains described above, he ses X. Accident . Suice X. Whitaker, M.D.	iory, streat, offica bldg., alc.) ald an Autopsy , Inspectide , Homicide , CHIEF MEDICAL EXAMIN ASSISTANT MEDICAL EXAM DEPUTY MEDICAL EXAM Address (Streat, city, tow	ction , Inquir Undetermined m IER	and in my opinion anner 2-17-66 DATE SIGNED *ksville, Md.
21 de A SI E J N. 22a. BU RE	Hour a.m. p.m. 1. I certify the eath resulted for the certify the certify the certify the certification and t	nat I took charge of its rom: Natural cause Church's Charles S. Charles Date Thereof 2/19/66	the remains described above, he ses X. Accident . Suice X. Whitaker, M.D.	iory, streat, offica bldg., alc.) ald an Autopsy , Inspectide , Homicide , CHIEF MEDICAL EXAMIN ASSISTANT MEDICAL EXAM DEPUTY MEDICAL EXAM Address (Streat, city, tow	Undetermined m IER AMINER INER INER OCATION (Clly, lown,	and in my opinion anner 2-17-66 DATE SIGNED *ksville, Md.

DOBLE TO THE DO BERNET LEVEL - CC 1 CECT Variation of the Comment ENCA SERVE CIL C. E. And P. Tal . DIM . BUTTLE PRESENCE.

02405

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

02362

ON TOO	ems o 9 milio	1574 3/3/66	mh	00000						
1. PLACE OF DEATH a. COUNTY HOW AND	MARYLAND		ere deceased lived. If institution: Residue. COUNTY	dence before admission)						
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	C. CITY OR TOWN (IF O	outside corporate limits, write RURAL ar	ad give nearest town)						
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION SHAFFER CONVELESCE		d. STREET ADDRESS	ESTNUT AVE,	e. IS RESIDENCE ON A FARM? YES NO						
3. NAME OF DECEASED (Type or print) LILLY MAE CA	Middle	Last	4. DATE OF DEATH 2/28/66	Day Yeor						
5. SEX 6. COLOR OR RACE 7. MARK FEMALE WHITE WIDOW		8. DATE OF BIRTH 8/14/1882	9. AGE (In yeors lost birthdoy) Month	S Days Hours Min.						
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State		STIZEN OF WHAT COUNTRY?						
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	NAME							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give war or dates of service)		NFORMANT UTH CHE	Address W 3438 CHE	STNUTAVE						
1/22	: ARDIAC A	ARREST	Necincia	INTERVAL BETWEEN ONSET AND DEATH						
Conditions, if any, which gave rise to immediate cause (a), stating the under-lying cause last.	THE ROSCLE		ROIOVASCULAR	DIS. 20 Yn						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES \(\sum \) NO \(\sum \)										
206. ACCIDENT WAS UNDERLYING 20b. DES OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in I	Port I or Part II of item 18.)							
Hour o.m. While		ACE OF INJURY (Home, farm ctory, street, office bldg., etc.		(County) (Stote)						
21. I certify that (I) (this haspital) attends saw the december alive an 2-75	21. I certify that (I) (this haspital) attended the deceased fram									
220. SIGNATURE LEE V. thorf	22b. DATE SIGNED									
22c. PHYSICIAN'S NAME (Type)		22d. ADDRESS								
23a. BURIAL, CREMATION, REMOVAL (Specify)	23c. NAME OF CEMETERY C		23d. LOCATION (City, town, or count							
24. FUNERAL DIRECTOR'S SIGNATURE 3617	hesbut An	250. REC'	D BY REGISTRAR'S							

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 VR A15 (4) 15M 9/59

· 14 三型型工具 CHAPPER AND ELECTRIC ACTIONS SYLES CONFERENCE AND 2 /2 1/1/14 ATLANCE BET TORY REMARKS WHITE 100.00 777 1 W 1 5 2 00 DM - ALLTH CHEW JUST CHESTINGS AND 2/48/16 CARRENT WITE WITH

tems 18-21 Film 375 MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STATE b. COUNTY Howard Maryland Howard MARYLAND Department after death. funera b. CITY DR TOWN (if outside corporate limits, write RURAL end give nearest town) c. LENGTH OF STAY IN 1b c. CITY DR TOWN (If outside corporete limits, write RURAL and give nearest town) Glene1g Glenelg d. NAME OF HDSPITAL OR INSTITUTION (If not in hospital, give street eddress) d. STREET ADDRESS IS RESIDENCE DN A FARM? EXAMINER: This certificate should be executed within 24 hours after death. If any delay cartificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page State hours Follyquarter Road Follyquarter Rd., near Franciscan Monastery NO 🖂 3. NAME OF First Middle Lest DATE Found Month Year DECEASED the 72 JOHN BURDETTE FISHER (Type or print) 9 1966 DEATH February 6. COLOR DR RACE | 7. MARRIED | NEVER MARRIED 5. SEX DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS lest birthday) | Months | Deys Hours | Ma1e Negro WIDDWED DIVORCED T event and 1Da. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS DR BIRTHPLACE (State or foreign country) 11. 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY any Millimp Field pages in any MOTHER'S MAIDEN NAME and File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY NO. 17. INFORMAN Address (Yes, no, or unkown) (If yes give war or dates of service) permit. removal 54 -5 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: cremation, or Exposure to Cold IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which geve rise to immediate DUE TD ceuse (a), stating the 7 used as a to burial, underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTDPSY PERFORMED? YES X Acute alcoholism NO F should be gent, prior t 20a. EXTERNAL CAUSE WAS PRIMARY To or CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) Found dead in snow 3 shoul MEDICAL 20d. INJURY OCCURRED | 20e. PLACE DF INJURY (Home, farm, TIME OF INJURY Month, Day, Year 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour mayeng Not While Roadside Glenelg Howard Md. CTOR: Page designated at work at work 21. I certify that I took charge of the remains described above, held an Autopsy x Inspection Inquiry and in my opinion death resulted from: Natural causes Accident **Homlcide** Undetermined manner

ell

23c.

M.D.

Charles S. Petty,

BURIAL, CREMATION, 23b. DATE THEREOF

CHIEF MEDICAL EXAMINER

DEPUTY MEDICAL EXAMINER

M.D.

NAME OF CEMETERY OR CREMATORY

ASSISTANT MEDICAL EXAMINER X

Address (Street, city, town, or county)

REC'D BY REGISTRAR

23d. LOCATION (City, town or county)

22. DATE SIGNED

REGISTRAR'S SIGNATURE

2/10/66

(State)

for your files. FUNERAL DIRECTOR: I Health or its design Page ease execute DEPUTY MED retained director. 0

> VR ALSME (5) 1/65

ACTUAL

SIGNATURE

EXAMINER'S

NAME (Type)

REMOVAL (Specify) FUNERAL DIRECTOR

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION 02407 STREET, BALTIMORE 1, MARYLAND OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON CERTIFICATE OF DEATH

1.	PLACE OF DEATH	H Howa	20.07						eased lived, If In	stitution: I	Residenc	e before	admission)
_	h ally on You			MARYL		a. STATE							
	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)			c. CITY OR TOW	YN (II	outside corp	porate limits, w	rite RURAI	L and g	ve neare	est town)		
-	d NAME OF HOS	tt City	N /if not In	hospital, give street ad	draga	d. STREET ADDI	cot	t City	<u> </u>		1:	- 10 05	SIDENCE
				nospital, give street ad	uress)							ON A	FARM?
_		rs Conv. Re					OLU	mbia F				YES	NO K
3.	NAME OF DECEASED		rst	Middle		Last		4. DATE OF	Mont		Oay		ear
5.	(Type or print)	6. COLOR OR RACE	* ******			Harris B. DATE OF BIRT	'LI	DEATH	2/21/		1 VEAD	19	
				The second secon			11	9.	last birthday)	Months	Days	Hours	
	LUSUAL OCCUPAT	White ION (Give kind of work	WIDOWE	D DIVORCED KIND OF BUSINESS OR		1141 +0 10	e (C	unty & Ctate	69 yrs.	1 12 6	ITIZEN	OF WHA	T
dui	ing most of work	Ing life, even If retire	d)	INDUSTRY		1	JE (U	muty or State,	or rereign country	12. C	OUNTR	17	•
13	Carper FATHER'S NAM			retired		W. Va.	MAIO	CN NAME					
15	Benton Ha	ATTIS EVER INU.S. ARMED FO	RCFS? 1	6. SOCIAL SECURITY NO.	1 17	INFORMANT	nda	Georg		.22			
(Y	es, no, or unkown)	(If yes give war or dates o	f service)				**		O Coldin				
_	no			226 09 8250		Arbutus	Ha	rris E	Clicot	City			
		ATH WAS CAUSED BY		line for (a), (b), and (c).	.1	1 1		-	X			RVAL B	
	/ 4 0	IMMEDIATE CAUSE	(a) (g)	retral Va	ACI	ula a	Pla	Men	1		-	24	2
	422	DUE	TO 1.	1.1	,	M. A		1	,	1		10	
	Conditions, If a		(b) 1	Rerioce	te	Carkes !	12	Mulay	disea	nl		10	n.
	cause (a), st	tating the DUE	TO									U	
z	underlying caus		(c)										
100	PART II. OTHERS	SIGNIFICANT CONDITIO	ONS CONTRI	BUTING TO DEATH BUT NO	OTRELA	TED TO THE TERMI	NAL D	ISEASE CON	DITION GIVEN IN	PART 1(a)	19.	PERFO	UTOPSY RMED?
FIC	/	1199005	me	11175								ES 🗌	NO 🔼
CERTIFICATION	OR CONTRIBUTI (IF EITHER, NOT	WAS UNDERLYING AND CAUSE OF DEA	TH NER)	DESCRIBE HOW INJUR	Y OCCU	RRED. (Enter natu	ure of	injury in Pa	rt I or Part II	of Item 18	3.)		
MEDICAL		NJURY Month, Day,	Year 20d.	INJURY OCCURRED 20	e. PLA	CE OF INJURY (Ho	me, fa	rm, 20f. (City or town)	(Co	unty)		(State)
4EDI	Hour a.m		While at wo		racto	ry, street, office bl	ag., e	(C.)					
-				ided the deceased fro	nm	2-13	10	59 to	2-21	194	6 1	hat (I)	(we) last
		ceased alive on	2-15			death occurred	_,	-	m the causes				
	22a. SIGNATUR	TE 1	75	VII	,		-		- we	22b. [
	0	Momen	OK	Herbers	M.D	ATTENDING PHYS.	2	MED. DIRECTOR	STAFF PHYS.	1	1.2	20	OC
	22c. PHYSICIA NAME (Ty		71/	1 1 1	D	22d. ADDRES	SS	161	-11-a	141	0.1		,
_		(no mas	r.He	erbeit, Pin	<u> </u>	44 CH	yn	chill.	EMIC	ory C	ely,	Ma	
238	REMOVAL (Spe	ATION, 23b. DATE		23c. NAME OF CEN	METERY	OR CREMATORY			CATION (CIty, t				State)
_	burial	12/24/6	6	St. Joh	ns				licott	City,	Md.		
24	. FUNERAL DIRE	CTOR		ADDRESS		25a.	REC	D BY REGIS	44	EGISTRAR	0	IATURE	
F	.C. Higin	bothom Illi	cott (City Md.		DATE	EFF	24 1	966 AC	Marl	es y	udgi	-

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death

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Cordial Various accurate 346 Arterial sorte Carles Macula descad Dards Kellins C 275 6 273 9 2-4 6 0 Thomas Delector x 22260 Themes F. Herbert, N.D. 44 Charled Ellicott Chy. M. the first trees and cut to the first it

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

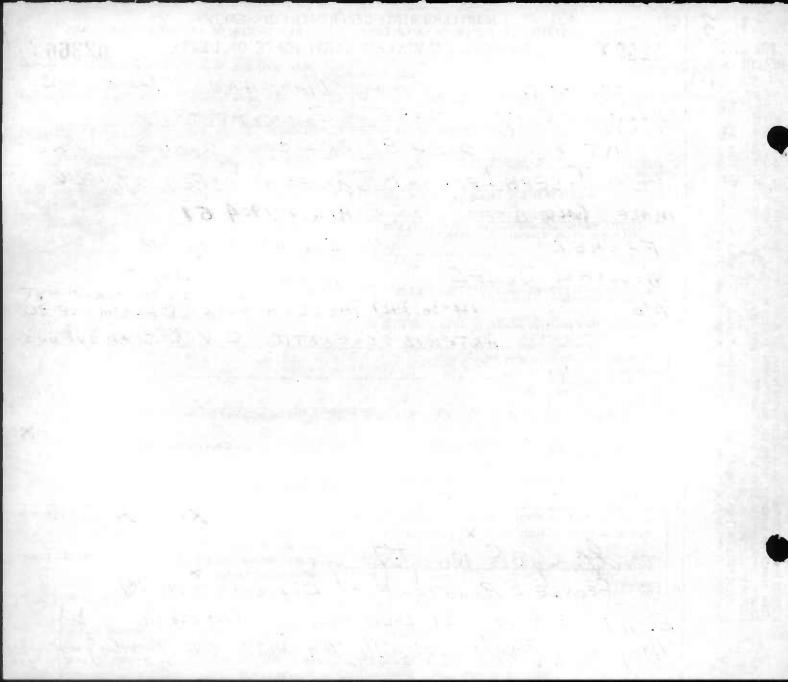
1. PLACE DF DEATH a. CDUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before adm/ssion) a. STATE b. COUNTY
Howard MARYLAND	Warvland Baltimore
b. CITY OR TDWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Ellicott City	Catonsville 03-2
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
Shaffers Convalescent Retreat	1217 Tugwell Drive ON A FARM?
3. NAME OF First Middle	Last 4. DATE Month Day Year
(Type or print) RANDOT, LYTTE HARRISON	DF DEATH Feb. 12,1966 19
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	3. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	Oct. 29, 1883 Bast birthday) Months Days Hours Min.
1Da. USUAL DCCUPATION (Give kind of work done 1Db. KIND DF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
during most of working life, even if retired) INDUSTRY	COUNTRY?
13. FATHER'S NAME	Cedar Hill Tenn
James B. Harrison	Necie Porter
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address
No 410-09-3199 Ra	indol S. Harrison, 1217 Tugwell Drive
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	I INTERVAL BETWEEN
PART I DEATH WAS CAUSED BY.	ONSET AND DEATH
IMMEDIATE CAUSE (a) Arteriosclerotic Ca	rdio-vascular Disease 10 yrs.
4d2/ DUE TO	
Conditions, If any, which (b)	
gave rise to immediate (
tause (a), stating the	
	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY
E THAT II. OTHER SHALL COLOR HOLD SHALL COLOR HOLD THE SHALL COLOR HOLD	PERFORMED? YES NO TO
202 ACCIDENT WAS LINDED VING TO 1 206 DESCRIPE HOW INTERV OCCU	RRED. (Enter nature of Injury in Part I or Part II of Item 18.)
PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PARTIE OF THE	ARED. (Enter nature of injury in Part 1 of Part 11 of Item 20.)
	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
ZDC. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE AND 20d. INJURY OCCURRED 20e. PLACE Factor 20d. INJURY OCCURRED 20e. PLACE AND 20d. PLACE AND 20d. INJURY OCCURRED 20e. PLACE AND 20d. INJURY OCCURRED 20e. PLACE AND 20d. INJURY OCCURRED 20e. PLACE AND 20d. INJURY	ry, street, office bldg., etc.)
p.m. 19 at work at work	
21. I certify that (I) (this chospital) attended the deceased from	Nov. 19 57, to Feb. 19 66, that (I) (wet last
saw the deceased alive on Jan. 29 19 66, and that	death occurred at 2:45M Afrom the causes and on the date stated above.
22a. SIGNATURE	22b. DATE SIGNED
All & Bart M.D.	ATTENDING MED. STAFF 2/12/66
22c. PHYSICIAN'S NAME (Type) Leo J. Gaver, M.D.	22d. ADDRESS 1 Mallow Hill Ave.,
Dec o. daver, m.D.	Raltimore, Md.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
REMDVAL (Specify) Burial 12-14-1966 Elmwood	Springfield, Tenn
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
F.C. Higinbothom, Ellicott City, Md	DAFEEB 1 4 1968 Actionly Judge
T. O O TITE TITO OF OTO 1 2 TIME	DATE - U. T. & JOD M. CHONCE MARKET

VR AI5 (4) 2DM I/65

2 TOTAL TEST TOTAL sale from the property of the sale of the manually multiplier sollient as received to be 11/00/1 e # 100 U. T. C. C. - tell 2_0 e di dioni e cucioni di .

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEP PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. CDUNTY CITY OF TOWN (if outside corporate limits, write RURAL and give nearest town) MARYLAND 5 may be Department after death b. CITY OR OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b. c. CITY ELLICOT d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) IS RESIDENCE d. STREET ADDRESS DN A FARM? any delay 2, and 3 to PM3. Page State hours a YES ND NAME OF Year First Middle Last DATE Day the DECEASED (Type or print) DEATH Give Pages 1, 2 2 with within AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED birthday) Months Days after death. WIDOWED DIVDRCED event 10a, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b, KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? FARMER any EXAMINER: This certificate should be executed within 24 hours af certificate, writing the word "pending" in pencil in Item 18, nould be forwarded to the Chief Medical Examiner's Office along 13. FATHER'S NAME E AM ILLIAM and File 15. WAS DECEASED EVER IN U.S. ARMED FDRCES? 17. INFORMANT 16. SOCIAL SECURITY NO. NORFOLKST (Yes, po, or unkown) (If yes give war or dates of service) permit. removal, 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) burial-transit p 5 CLERN DUE TO Conditions, if any, which (b) gave rise to immediate **DUE TO** cause (a), stating the P underlying cause last. used as to burial, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY CERTIFICATION certificate, writing the vould be forwarded to the PERFORMEQ? ND N 3 should be agent, prior 20a. EXTERNAL CAUSE WAS PRIMARY ☐ OF CONTRIBUTING ☐ CAUSE OF DEATH. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part i or Part ii of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While Whlia CTOR: Page designated at work at work please execute me certific director. Page 4 should be 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X Inquiry X and in my opinion files. FUNERAL DIRECTOR: Health or its design **Undetermined manner** Suicide death resulted from: Natural causes Accident Homicide CHIEF MEDICAL EXAMINER YOUR 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER O DEPUTY MES SIGNATURE for DEPUTY MEDICAL EXAMINER retained **EXAMINER'S** Address Street etty town, or bounty NAME (Type) OCOR 23a. BURIAL, CREMATION. 23b. DATE THEREDE 23c OF CEMETERY OR CREMATDRY 23d. LDCATION (City, town or county) (State) REMOVAL (Specify) o eme 0 UNERAL DIRECTOR ADDRESS 25a- REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 1966 VR ALSME (5) 1/65



VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 02410

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1	o. COUNTY		o. STATE b. COUN	
	Howard	MARYLAND	Maryland	Drive Gende
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	LENGTH OF STAY IN 16	c. CITY OR TOWN (If Justide corporate limits, write	e RURAL and give nearest town)
	d. NAME OF HOSPITAL (If no in hospital, give treet odd OR INSTITUTION	ssing Kom	d. STREET ADDRESS 5113 Punbley	e. IS RESIDENCE ON A FARM? YES NO D
3	NAME OF DECEASED (Type or print)	Middle	Loyd 4. DATE OF DEATH FE	tonthe 2 Day Year 1966
5	S. SEX JOHN 6. COLOR OR RACE 7. MARRIED WILLOWED		B. DATE OV BIRTH 1871 9. AGE (In yes 2)	Months Days Hours Min.
1	0o. USUAL OCCUPATION (Give kind of work done lob. KIN during most of working life, even if relired)	ND OF BUSINESS OR INDU	ISTRY 11 BURTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
1:	3. FATHEY'S NAME Bate	man	14. MOTHER'S MAIDEN NAME ATU	old
1:	5. WAS DECEASED EVER IN U. S. ARMED FORCES? [If yes, give wor or dates of service] [If yes, give wor or dates of service]	7-03-3724 M	Willew Maires	Same as \$2
	1B. CAUSE OF DEATH [Enter only one cause per line f	og (a), (b), and (c).]	0 1	INTERVAL BETWEEN ONSET AND DEATH
	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	eres	al Vaspular	and costa
	33/X DUE TO (0	2 0 . 0	O allain alex	
	Conditions, if ony, which gove rise to immediate (b)	creste	L GULLOSCILLO	as
	couse (o), stoting the under-			
TACOLE .	, (0)	ATRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE CONDITION	GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO PART 100 PART
Crowner		BE HOW INJURY OCCURRI	ED. (Enter noture of injury in Port I or Port II of item 18.)	
10000	Hour o. m. While	JRY OCCURRED Nor while of work	LACE OF INJURY (Home, farm, 20f. (City or town) octory, street, office bldg., etc.)	(County) (Stote)
	21. I certify that (1) (this hospital) attended saw the deceased alive an AAA	/ -/	a cold	2 / 19 (that (I) (we) last and an the date stated above
	220. SIGNATURE OF TIMES	wass	M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	2/2/26 PATE
	22c. PAYSICIAN'S NAME CYPE) SHan S. M	1ASS	687 Balts Nate	Piko, What
2	REMOVAL (Specify) 23b. DATE THEREOF 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	23c. NAME OF CEMETERY	ton Mall Suitla	nd; Maryland
2	Gobert a Wattingly 1.	31-11 SA	A . A . A LEFT O O C. AMERICA	EGISTRAR'S SIGNATURE

I'M and the west of your line and for the pro and the second of the continue of significant Hall the Market Live of Charles and the Land Land FOR STATE HEALTH DEPT

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages, fand 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

B

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02411 MEDICAL EXAMINER'S CERTIFICATE OF DEATH MEDICAL EXAMINER'S CERTIFICATE OF DEATH

. A		0.000								
	1. PLACE OF DEATH	2. USUAL RESIDENCE (Whare decaesed lived, If institution: Residence bafore admission)								
- [NOCACAA MARYLAND	a. STATE MARY AND b. COUNTY								
	b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b	e. CITY OR IOWN (If oylside corporate limits, write RURAL end give necrest town)								
	write RURAL and/give nearest town)	BAITO, 29								
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat eddress)	d. STREET ADDRESS								
	R. DO (.(RESIDENCE)	310 Mani 1-11 Rd ON A FARM?								
	10 Bull	360 MARY SEII ICI. YES NOT								
1	DECEASED /	Last 4. DATE Month Dey Year OF								
	(Type or print) CAROLINE L. MVI	ENLA AUSE DEATH (FEB 13 1966								
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B.	last high days								
1	FEMALE WhILE WIDOWED DIVORCED S	EPT 10, 1883 Solyinday) Months Days Hours Min.								
	10s. USUAL OCCUPATION (Give kind of work done, during most of working life, even if retired)	Y 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?								
	house with the Athons	Balto mil								
-	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME								
	SAMUEL CLASTE	D 1 - 11.								
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. EI	NEODWINE PHOLE PELLE								
1	(Yes, no, or unkown) (Ifyesgive waror dates of service)	MODELLA CONTRACTOR								
	NO HONE 170	5 CHEOLYN M. GALLION woodbing Mid.								
	18. CAUSE OF DEATH [Enter only one sause par fine for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH								
	IMMEDIATE CAUSE (a) Curtal (huntesix								
1	443X DUE TO /									
1	Conditions, if any, which 7 (b) Ay pertensine Cardy Vaxuelar Veseuse 5 mm.									
	DISE TO	geve rise to immediata cause								
	(a), stating the underlying cause last. (c)									
-		T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a); 19. WAS AUTOPSY								
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 20b. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTION CONTRI	PERFORMED?								
2	208. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED.	YES NO N								
1	PRIMARY OF CONTRIBUTING	(Entar nature of injury in Pert I or Pert II of item 18.)								
-										
1		CE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) ory, street, office bldg., atc.)								
1	p.m. 19 at work at work									
1	21. I certify that I took charge of the remains described above, hel	d an Autopsy . Inspection X, Inquiry X, and in my opinion								
1	death resulted from: Natural causes N. Accident . Suici	de . Homicide . Undetermined manner								
		CHIEF MEDICAL EXAMINER								
	ACTUAL // CONTROL OF PRINCIPLES	ASSISTANT MEDICAL EVANIAGE TO THE STORED								
	SIGNATURE SIGNATURE OF THE SIGNATURE OF	_ M.D.								
	EXAMINER'S GEORGEE, BURGTORE A	M.D. Address (Street, city, town, or county) Eldura (ils his 7366								
	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR REMOVAL (Specify)	CREMATORY 22d. LOCATION (City, town, or county) (State)								
		onal Balto. 29.Md								
1	23. FUNERAL DIRECTOR ADDRESS	24e. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE								
1	Witzke F.D. 4101 Edmondson "ve	FFR 1 5 1056 Minutes Vuesas								
1		DATE ED I JODO								

VR A15ME 1/63

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MARYLAND STATE DEPARTMENT OF HEALTH

. IS RESIDENCE ON A FARM? YES NO X

Year

IF UNDER 24 HRS.

Min.

Day

Days

12. CITIZEN OF WHAT COUNTRY

INTERVAL BETWEEN ONSET AND DEATH

2 WEEKS

YES

1966 that (I) (we) last

(County)

YEARS

PERFORMED?

NO T

(State)

22h. DATE

(State)

SIGNED

VR A15 (4) 20M 5-63

